

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Kevin P. Connors et al.

Application No.: 10/687,040

Filed: October 16, 2003

For: TISSUE TREATMENT DEVICE AND  
METHOD (AS AMENDED)

Group Art Unit: 0

Examiner: Unknown

**SECOND PRELIMINARY AMENDMENT**121 Spear Street, Suite 290  
San Francisco, CA 94105  
(415) 512-1312M/S NON-FEE AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope, addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on Dec. 17, 2003.  
STALLMAN & POLLOCK LLP

Dated: 12/17/2003 By: 

Georgia K. Stith

Sir:

In this continuation application, please amend the above-identified continuation patent application as follows:

**Amendments to the Specification** begin on page 2 of this paper.**Remarks/Arguments** begin on page 3 of this paper.



STALLMAN & POLLOCK LLP  
121 Spear Street, Suite 290  
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In re Patent Application of: Kevin P. Connors et al.

Atty Docket No. ALTU-530

Application No.: 10/687,040

Filed: October 16, 2003

For: TISSUE TREATMENT DEVICE AND METHOD (AS AMENDED)

M/S NON-FEE AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmittal herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	29	MINUS	29	0	x \$18 =	\$0
INDEP.	3	MINUS	3	0	x \$86 =	\$0
FIRST PRESENTATION OF MULTIPLE DEP CLAIMS					+ \$290	\$0
					TOTAL	\$0

Small Entity 50% Filing Fee Reduction (if applicable) \$0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)

- No additional fee is required.
- A check in the amount of \$ \_\_\_\_\_ is attached.
- Please charge any additional fees, including any fees necessary for extensions of time or credit overpayment to Deposit Account No. 50-1703, under Order No. ALTU-530.  
**A duplicate copy of this sheet is enclosed.**
- Petition for extension of time. The undersigned attorney of record hereby petitions for an extension of time pursuant to 37 C.F.R. § 1.136(a), as may be required, to file this response.

STALLMAN & POLLOCK LLP

Dated: December 17, 2003

By:



Brian J. Keating (Reg. No. 39,520)

Attorneys for Applicant(s)

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Dated: December 17, 2003

By:



Georgia K. Stith